



Application Serial No.: 10/665,580  
Attorney Docket No. 019287-0317339 (previously 113794.138 US2)  
Petition to Revive Under 37 C.F.R. 1.137(b)

DAC \$  
[Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Gary FERNANDEZ      CONFIRMATION No. : 6441  
SERIAL NUMBER : 10/665,580      EXAMINER : Hien Xuan Vo  
FILING DATE : Sept. 19, 2003      ART UNIT : 2863  
FOR : APPLICATION RESPONSE MONITOR

**Mail Stop Petition**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

**PETITION TO REVIVE UNDER 37 C.F.R. 1.137(b)**

Dear Sir:

Pursuant to 37 C.F.R. 1.137(b), the applicant, through the undersigned attorney, hereby requests revival of U.S. Patent Application No 10/665,580. The Applicant submits that the entire delay in filing the required reply from the due date for the reply (an Office Action originally mailed February 9, 2005) until the filing of a grantable petition pursuant to 37 C.F.R. 1.137(b) was unintentional.

This petition is accompanied by (1) the reply required to the outstanding Office Action (including petition for a three-month extension of time) and (2) the petition fee set forth in 37 C.F.R. 1.17(m).

In view of the foregoing, Applicant respectfully requests that the present petition be granted. Should the Commissioner have any questions or concerns regarding this petition, the undersigned may be contacted at the number provided below.

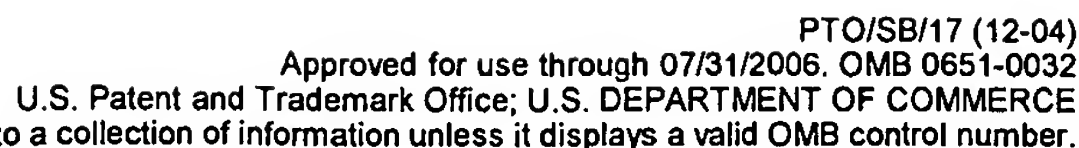
Date: **September 16, 2005**

Respectfully submitted,  
By: [Signature]  
Timothy C. Rooney  
Registration No. 55,878

**Customer No. 00909**

PILLSBURY WINTHROP SHAW PITTMAN LLP  
P.O. Box 10500  
McLean, Virginia 22102  
Main: 703-905-2000  
Direct Dial: 703-905-2239  
Fax: 703-905-2500

09/20/2005 SZEWDIE1 00000002 033975 10665580  
01 FC:1453 1500.00 DA



Under the Paperwork Reduction Act of 1995, no persons are required to respond

**Effective on 12/08/2004.**

*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

**Complete if Known**

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,500
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Application Number	10/665,580
Filing Date	September 19, 2003
First Named Inventor	GARY FERNANDEZ
Examiner Name	Hien Xuan Vo
Art Unit	2863
Attorney Docket No.	019287-0317339

**METHOD OF PAYMENT** (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account
 Deposit Account Number: 033975
 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP

Number: \_\_\_\_\_  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING: Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

2. EXCESS CLAIM FEES		Small Entity
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u><b>Total Claims</b></u>	<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>	
_____ - 20 or HP = _____	X _____	= _____		
HP = highest number of total claims paid for, if greater than 20				
<u><b>Indep. Claims</b></u>	<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>	
_____ - 3 or HP = _____	X _____	= _____		
HP = highest number of independent claims paid for, if greater than 3				

<u><b>Multiple Dependent Claims</b></u>	
<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>
_____	_____

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50=	(round up to a whole number) x	250.00 =	

**4. OTHER FEE(S)**

**Non-English Specification, 130 fee (no small entity discount)**

Other: Petition to Revive	1,500.00
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SUBMITTED BY

**Signature**

Name (Print/Type)

Timothy C. Rooney

Registration No.  
(Attorney/Agent)

55.878

**Telephone 703-905-2239**

Date September 16, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

***If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.***